

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-008863

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2561

FILED MAR 15 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN ST. LOUIS

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

ST. LOUIS

c. CITY

OR TOWN

EUREKA

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

RT 1 BOX 450

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

JOHN

LT.

VANDER HEYDEN

4. DATE OF DEATH

Month

Day

Year

MARCH 4

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married

☒ Never Married ☐ Divorced ☐ Widowed ☐

8. DATE OF BIRTH

APR 21 1909

9. AGE (last birthday)

52

10. IF UNDER 1 YEAR

Months Days Hours Min.

11. IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

REAL ESTATE SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY

HOLLAND

11. BIRTHPLACE (City and state or country)

U.S.A.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JOHN VANDER HEYDEN

13b. MOTHER'S MAIDEN NAME

ANNA VAN LAANEN

14. NAME OF HUSBAND OR WIFE

LOUISE VANDER HEYDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

LOUISE VANDER HEYDEN RI BOX 450 MO.

Address

EUREKA

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hemorrhage - esophageal Varices

INTERVAL BETWEEN ONSET AND DEATH

12 hours

DUE TO (b)

Cirrhosis - liver

? ?

DUE TO (c)

581.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Bech, 1961

20f. CITY, TOWN, OR LOCATION

March 4th 1962

COUNTY

March 4th 1962

STATE

MO.

21. I attended the deceased from

2:45 A.M.

to March 4th 1962 and last saw him alive on March 4th 1962

Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Pierce W. Powers

(Degree or title)

M.D.

22b. ADDRESS

6500 Chippewa (9)

22c. DATE SIGNED

3/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

MAR 7 1962

23c. NAME OF CEMETERY OR CREMATORY

SUNSET BURIAL PARK

23d. LOCATION (City, town, or county)

ST. LOUIS MO.

24. FUNERAL DIRECTOR

Thomas Kutis 2906 Gravois

ADDRESS

25. DATE RECD. BY LOCAL REG.

MAR 6 1962

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

3/21/62

INSTEAD OF

John L.

SHOULD READ

John T.

DOCUMENT

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

See L. 1. 1. 1. 1.

6500 Chicago

Ve 2-4321

315

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. A. Humphrey*

Licensed Embalmer No. *4772*

P. O. Address *2906 Grand*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.